

Authorization/Cancellation for Direct Deposit from Payroll

PLEASE READ BEFORE COMPLETING
 FAX COMPLETED FORM TO: 713-420-2515

****By signing this form below, I understand that this authorization will supersede any previous deduction and will remain in effect until a new authorization or written notice is received from me.****

EMPLOYEE NAME	MEMBER #	DAY TIME PHONE # (Include area code and extension)
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I hereby authorized my employer _____ to deduct \$ _____
 weekly / bi-weekly / semi-monthly / monthly) from my payroll check beginning on _____
(please circle one)
 and to be transferred electronically to my **El Paso Corporation FCU** savings account.

SOCIAL SECURITY #	TRANSIT ROUTING/ ABA NUMBER 3130-8488-1
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DISTRIBUTION OF FUNDS

(If this deduction is for a loan payment(s) or cross account loan payment (s), please read before signing below)

If you authorized a distribution for loan payment(s), the amount deducted may be subject to increase without further authorization from you as described in the Security Agreement, if your loan is secured by real or personal property, you do not pay taxes or fees on the property or keep it insured, and the Credit Union pays those taxes, fees or insurance premiums.

Savings Deduction (Current or New)	Loan Payment(s) Deduction	Cross Acct. Deduction
_____	_____	_____

I hereby authorize El Paso Corporation FCU to automatically transfer \$ _____ from my share account to be applied as follows:

**** Loan Payment(s):**
 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

****Cross Account Loan Payment(s):**
 Cross Account Name _____ Account # _____
 \$ _____ \$ _____ \$ _____ \$ _____

Cross Account Share Deposit:

_____	_____	_____
Cross Account Name	Cross Account #	Amount Deposited
_____	_____	_____
Cross Account Name	Cross Account #	Amount Deposited

SIGNATURE OF EMPLOYEE / MEMBER

DATE SIGNED